

1749

SEP 4 1935

| PERSONAL AND HISTORICAL PARTICULARS | | | | |
|---|--|---|--|--|
| 3. SEX <i>Female</i> | 4. COLOR OR RACE <i>white</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>A. E. James</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 9 - 1852</i> | | | | |
| 7. AGE | YEARS <i>79</i> | MONTHS <i>7</i> | DAYS <i>7</i> | IF LESS than 1 day, hrs or min |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc..... <i>House Wife</i> | | | |
| | 10. Date deceased last worked at this occupation (month and year)..... | | 11. Total time (years) spent in this occupation..... | |
| FATHER | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New York</i> 2 | | | |
| | 13. NAME <i>Mourmelion Wilbur</i> | | | |
| MOTHER | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Un Known</i> 31 | | | |
| | 15. MAIDEN NAME <i>Mary Jane Wilbur</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Not Known</i> | | | |
| 17. INFORMANT <i>Mrs Mary Spalding</i> (ADDRESS) <i>Sage mo</i> | | | | |
| 18. BURIAL place <i>Watkins Cemetery</i> DATE <i>Jan 18 - 1932</i> | | | | |
| 19. UNDERTAKER <i>John B. & Wm. Beck</i> (ADDRESS) <i>Sage mo</i> | | | | |
| 20. FILED <i>Jan 20</i> 1932 <i>Sage a. Warner</i> Registrar | | | | |

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 - 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 9 1932 Jan 16 1932
I last saw her alive on Jan 16 1932. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
131 131
Other contributory causes of importance:
① ✓
Name of operation _____ Date of _____
What test confirmed diagnosis? Natural Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. J. Woodward, M. D.
(Address) 1744 S. 1st St. St. Paul, Minn.

